

Disinfectants and Disinfection Byproducts Rule - Monitoring Plan

CFR 141.132(f) - "Each system required to monitor under this subpart (141.132 DBPR) must develop and implement a monitoring plan".

| | | |
|-----------------|--|-----------------------------------|
| System Name: | | Signature: _____ |
| PWSID# : | | Date: _____ |
| Contact person: | | Please submit by: 8/1/2003 |
| Phone number: | | Service Connections: |
| Address: | | Disinfection: |
| | | Filtration Type: |
| E-mail: | | Source Type: SW or GW |
| | | System Type: C or NTNC |

Maine Licensed Water Operators

| Name | License # | Distribution class | Treatment class |
|------|-----------|--------------------|-----------------|
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Testing Schedule

| Test | Number of tests | Frequency (quarterly, monthly, daily, yearly) | Location(s) - designate with a number or letter and show on your distribution map | Test conducted by: (state lab, other lab, PWS) |
|----------------------|-----------------|---|---|--|
| Total Trihalomethane | | | | |
| Haloacetic Acids | | | | |
| Chlorine residual | | | | |
| Source water TOC | | | | |
| Finished water TOC | | | | |
| Alkalinity | | | | |
| Bromate | | | | |
| Chlorite - daily | | | | |
| Chlorite - monthly | | | | |
| Chlorine Dioxide | | | | |

**** Attach a diagram of your distribution system, booster stations, storage tanks, (and treatment facility if needed) and designate all of the sample point location for the testing listed above.**

Please submit to:
 Maine Drinking Water Program
 Jennifer Hitchcock – SWTR Coordinator
 11 State House Station
 Augusta, ME 04333